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Condensed Contents

Editorial


- 1** What is changing and what isn't in *The Journal of Thoracic and Cardiovascular Surgery*: The cardiovascular and thoracic service-line concept
L. H. Cohn

Surgery for Acquired Cardiovascular Disease (ACD)


- 3** Custom-tailored valved conduit for complex aortic root disease
G. Krasopoulos, T. E. David, and S. Armstrong
- 8** Spatiotemporal patterns of smooth muscle cell changes in ascending aortic dilatation with bicuspid and tricuspid aortic valve stenosis: Focus on cell-matrix signaling 
A. Della Corte, C. Quarto, C. Bancone, C. Castaldo, F. Di Meglio, D. Nurzynska, L. S. De Santo, M. De Feo, M. Scardone, S. Montagnani, and M. Cotrufo
- 19**  Aortic valve replacement with Toronto SPV bioprosthesis: Optimal patient survival but suboptimal valve durability
T. E. David, C. M. Feindel, J. Bos, J. Ivanov, and S. Armstrong
- 25** Less-invasive and highly effective method for preventing methicillin-resistant *Staphylococcus aureus* graft infection by local sustained release of vancomycin
H. Sakaguchi, A. Marui, K. Hirose, T. Nomura, Y. Arai, S. C. Bir, Y. Huang, J. Esaki, Y. Tabata, T. Ikeda, and M. Komeda
- 32** Sternal microcirculation after skeletonized versus pedicled harvesting of the internal thoracic artery: A randomized study
H. Kamiya, P. Akhyari, A. Martens, M. Karck, A. Haverich, and A. Lichtenberg

General Thoracic Surgery (GTS)

- 38** Diaphragmatic hernias after sequential left ventricular assist device explantation and orthotopic heart transplant: Early results of laparoscopic repair with polytetrafluoroethylene
S. S. Groth, B. A. Whitson, J. D'Cunha, R. S. Andrade, and M. A. Maddaus

- 44**  Pathologic stage I non-small cell lung cancer with high levels of preoperative serum carcinoembryonic antigen: Clinicopathologic characteristics and prognosis
H. Matsuguma, R. Nakahara, S. Igarashi, Y. Ishikawa, H. Suzuki, N. Miyazawa, S. Honjo, and K. Yokoi

Surgery for Congenital Heart Disease (CHD)

- 50**  Consequences of a selective approach toward pulmonary valve replacement in adult patients with tetralogy of Fallot and pulmonary regurgitation
F. J. Meijboom, J. W. Roos-Hesselink, J. S. McGhie, S. E. C. Spitaels, R. T. van Domburg, L. M. W. J. Utens, M. L. Simoons, and A. J. J. C. Bogers
- 56** Hemidiaphragm plication after repair of congenital heart defects in children: Quantitative return of diaphragm function over time
C. J. Baker, V. Boulom, B. L. Reemtsen, R. C. Rollins, V. A. Starnes, and W. J. Wells

(continued on page 6A)

- 62 Angular (Gothic) aortic arch leads to enhanced systolic wave reflection, central aortic stiffness, and increased left ventricular mass late after aortic coarctation repair: Evaluation with magnetic resonance flow mapping**

P. Ou, D. S. Celermajer, O. Raïsky, O. Jolivet, F. Buyens, A. Herment, D. Sidi, D. Bonnet, and E. Mousseaux

- 69 Histopathologic changes in ascending aorta and risk factors related to histopathologic conditions and aortic dilatation in patients with tetralogy of Fallot**

U. K. Chowdhury, A. K. Mishra, R. Ray, M. Kalaivani, S. M. Reddy, and P. Venugopal

- 78 The effect of ductal diameter on surgical and medical closure of patent ductus arteriosus in preterm neonates: Size matters**

S. Tschuppert, C. Doell, R. Arlettaz-Mieth, O. Baenziger, V. Rousson, C. Balmer, R. Prêtre, and A. Dodge-Khatami

- 83 The influence of systemic hemodynamics and oxygen transport on cerebral oxygen saturation in neonates after the Norwood procedure**

J. Li, G. Zhang, H. Holtby, A.-M. Guerguerian, S. Cai, T. Humpl, C. A. Caldarone, A. N. Redington, and G. S. Van Arsdell

- 91 Genetic factors are important determinants of neurodevelopmental outcome after repair of tetralogy of Fallot**

I. Zeltser, G. P. Jarvik, J. Bernbaum, G. Wernovsky, A. S. Nord, M. Gerdes, E. Zackai, R. Clancy, S. C. Nicolson, T. L. Spray, and J. W. Gaynor

- 98 N-terminal B-type natriuretic peptide levels in pediatric patients with congestive heart failure undergoing cardiac surgery**

R. Walsh, C. Boyer, J. LaCorte, V. Parnell, C. Sison, D. Chowdhury, and K. Ojamaa

- 106 Mixed total anomalous pulmonary venous connection: Anatomic variations, surgical approach, techniques, and results**

U. K. Chowdhury, B. Airan, A. Malhotra, A. K. Bisoi, A. Saxena, S. S. Kothari, M. Kalaivani, and P. Venugopal

Cardiopulmonary Support and Physiology (CSP)

- 117 Atorvastatin impairs the myocardial angiogenic response to chronic ischemia in normocholesterolemic swine**

M. Boodhwani, S. Mieno, J. Feng, N. R. Sodha, R. T. Clements, S.-H. Xu, and F. W. Sellke

- 123 Cyclosporine A prevents apoptosis-related mitochondrial dysfunction after neonatal cardioplegic arrest**

N. Oka, L. Wang, W. Mi, W. Zhu, O. Honjo, and C. A. Caldarone

- 131 Isoprostanes constrict human radial artery by stimulation of thromboxane receptors, Ca²⁺ release, and RhoA activation**

I. Mueed, T. Tazzeo, C. Liu, E. Pertens, Y. Zhang, I. Cybulski, L. Semelhago, J. Noora, A. Lamy, K. Teoh, V. Chu, and L. J. Janssen

- 139 Nonischemic myocardial acidosis adversely affects microvascular and myocardial function and triggers apoptosis during cardioplegia**

K. R. Khabbaz, J. Feng, M. Boodhwani, R. T. Clements, C. Bianchi, and F. W. Sellke

Cardiothoracic Transplantation (TX)

- 147 Predicting survival among high-risk pediatric cardiac transplant recipients: An analysis of the United Network for Organ Sharing database**

R. R. Davies, M. J. Russo, S. Mital, T. M. Martens, R. S. Sorabella, K. N. Hong, A. C. Gelijns, A. J. Moskowitz, J. M. Quaegebeur, R. S. Mosca, and J. M. Chen

(continued on page 8A)

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- 156 Additive protection against lung ischemia-reperfusion injury by adenosine A_{2A} receptor activation before procurement and during reperfusion**

L. M. Gazoni, V. E. Laubach, D. P. Mulloy, A. Bellizzi, E. B. Unger, J. Linden, P. I. Ellman, T. C. Lisle, and I. L. Kron

- 166 The impact of the lung allocation score on short-term transplantation outcomes: A multicenter study**

B. D. Kozower, B. F. Meyers, M. A. Smith, N. C. De Oliveira, S. D. Cassivi, T. J. Guthrie, H. Wang, B. J. Ryan, K. R. Shen, T. M. Daniel, and D. R. Jones

- 172 Inhibition of protein kinase C α improves myocardial β -adrenergic receptor signaling and ventricular function in a model of myocardial preservation**

K. M. D'Souza, N. N. Petrashevskaya, W. H. Merrill, and S. A. Akhter

Evolving Technology (ET)

- 180 Reliability of risk algorithms in predicting early and late operative outcomes in high-risk patients undergoing aortic valve replacement**

T. M. Dewey, D. Brown, W. H. Ryan, M. A. Herbert, S. L. Prince, and M. J. Mack

- 188 Worldwide surgical experience with the Paracor HeartNet cardiac restraint device**

C. T. Klodell, Jr, J. M. Aranda, Jr, D. C. McGiffin, B. K. Rayburn, B. Sun, W. T. Abraham, W. E. Pae, Jr, J. P. Boehmer, H. Klein, and C. Huth

- 196 Effects of visual force feedback on robot-assisted surgical task performance**

C. E. Reiley, T. Akinbiyi, D. Burschka, D. C. Chang, A. M. Okamura, and D. D. Yuh

Brief Communications

- 203 Thrombus formation in a HeartMate II left ventricular assist device**

A. L. Meyer, C. Kuehn, J. Weidemann, D. Malehsa, C. Bara, S. Fischer, A. Haverich, and M. Strüber

- 205 The acute and chronic effects of bullectomy on cardiovascular function at rest and during exercise**



N. Marchetti, K. T. Criner, M. F. Keresztury, S. Furukawa, and G. J. Criner

- 206 Intrathoracic migration of a breast prosthesis after thoracotomy**

A. M. Mehta, M. P. L. Bard, A. van Straten, I. van Beijeren, and H. Rijna

- 208 Partial lobar torsion secondary to traumatic hemothorax**

S. Schena, N. K. Veeramachaneni, S. Bhalla, F. R. Gutierrez, G. A. Patterson, and D. Kreisel

- 210 What happens after pneumonectomy? A prospective study using the transpulmonary thermodilution method**

F. Leo, M. Tullii, L. Della Grazia, A. Attanasio, A. Tosoni, G. Manfredi, M. Venturino, and L. Spaggiari

- 212 Hernia of Morgagni: Case report**

J. M. Huston, H. King, A. Mareh, D. Liska, J. L. Port, N. K. Altorki, and P. C. Lee

- 214 Stable partial dehiscence of aortic homograft inserted freehand by using the subcoronary intra-aortic root noncoronary sinus Ross scallop inclusion technique**

R. Hopkins, H. Gitter, J. Stave, A. Bert, and M. Atalay

- 216 An alternative approach for chest drainage after cardiac surgery: Redon drains**

M. Gwozdziewicz, P. Němec, and A. Steriovsky

- 218 Rupture of fibrous bands associated with aortic root dilatation**

M. Yoshikai, H. Ohnishi, H. Fumoto, and T. Yamamoto

- 220 Extra-anatomic bypass of the superior vena cava after successful stenting for fibrosing mediastinitis**

E. Pompeo, F. Stella, A. Ippoliti, and T. C. Mineo

- 222 Ventriculoarterial septal defect with separate aortic and pulmonary valves, but common ventriculoarterial junction**

V. T. Tsang, N. Kang, I. Sullivan, J. Marek, and R. H. Anderson

- 223 Papillary muscle realignment for symptomatic left ventricular outflow tract obstruction**



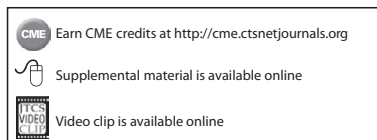
R. Bryant, III and N. G. Smedira

(continued on page 10A)

- 225 **Letters to the Editor**
- 231 **Events of Interest**
- 233 **Announcements**
- 28A, **Notices of Correction**
61
- 34A **Reader Services**
- 105 **Change of address**
- 202 **Interactive eLearning Activities**

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Cover Photographs

Left to right: Intraoperative view in a patient with idiopathic fibrosing mediastinitis, depicts the fibrotic mass encasing the stented superior vena cava and the extra-anatomic politetrafluoroethylene-graft bypass performed distant from the mass, between the left innominate vein and the right atrium (A). Coronal 3D reconstruction of the computed tomographic scan shows the anatomy of the mediastinum, including both the occluded metal stent (*left*) lying in the superior vena cava, the patent politetrafluoroethylene graft, and normalization of superior-to-inferior vena cava collateral circulation (B).¹

Eugenio Pompeo, MD

Two extreme geometries of aortic arch shape can be identified after coarctectomy repair. On the left, the Gothic arch is characterized by a triangular shape with an acute angulation at the top of the arch. There is a disproportionate height/width ratio, with a higher height compared to the arch's width. On the right,

the Romanesque arch is characterized by a normally and harmoniously smooth-rounded shape. The height is closely equal to the arch's width.²

Phalla Ou, MD

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